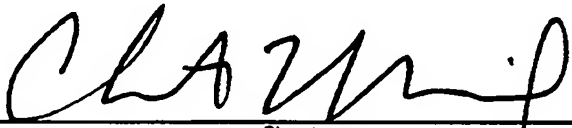




PTO/SB/23 (11-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(b)		Docket Number (Optional) 46129
In re Application of Hyun-Myung SHIN		
Application Number 10/730,014	Filed December 9, 2003	
For Parking Brake Comprising Mechanism for Adjusting Brake Cable Tension		
Art Unit 3683	Examiner Christopher P. Schwartz	
<p>This is a request for an extension of time of <u>1 Month</u> (days), (weeks), (months) under 37 CFR 1.136(b) in this pending application. An extension of time is not available in this application under the provisions of 37 CFR 1.136(a); however, additional time to respond may still be granted under the patent statute. The petition fee under 37 CFR 1.17(g) is required. The reasons for requesting the extension of time are the following:</p> <p>Including an Amendment dated December 20, 2004 in response to the Office Action of September 17, 2004.</p> <ol style="list-style-type: none">1. Amendment filed herewith in response to the Office Action dated September 17, 2004.2. Substitute Specification.3. Redline version of Substitute Specification showing changes.		
<p>12/21/2004 HENTENAL 00000034 10730014 01 FC:1622 110.00 OP</p> <p>12/22/2004 HENTENAL 00000107 10730014 01 FC:1999 110.00 OP</p>		
 Signature Christian C. Michel Typed or printed name Attorney of Record Title		<u>December 20 2004</u> Date 46,300 Registration Number (202) 659-9076 Telephone Number

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/730014
46125

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	5	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20 =	• 12
INDEPENDENT CLAIMS	1 minus 3 =	• 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	290
TOTAL		OR	TOTAL	1060

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 6	Minus •• 20	= /
Independent	• 1	Minus *** 3	= /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=	/	OR	XS18=	/
X43=	/	OR	X86=	/
+145=	/	OR	+290=	/
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus ••	=
Independent	•	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus ••	=
Independent	•	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.